

FAX TRANSMISSION		RECEIVED CENTRAL FAX CENTER MAR 31 2005
DATE: 3-31-05		
PTO IDENTIFIER: Application Number 09/876,160-Conf. #6709 Patent Number		
Inventor: Masaharu Ikeda		
MESSAGE TO: US Patent and Trademark Office		
FAX NUMBER: (703) 872-9306		
FROM: CONNOLLY BOVE LODGE & HUTZ LLP Morris Liss		
PHONE: (202) 331-7111		
Attorney Dkt. #: 20402-00625-US		
PAGES (Including Cover Sheet): 11		
CONTENTS:	Fee Transmittal One Month Request for Extension of Time Under 37 CFR 1.136(a) Amendment After Final Action (37 C.F.R. Section 1.116) Charge \$120.00 to deposit account 22-0185 Certificate of Transmission (1 page)	
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PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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Application No. (if known): 09/876,160

Attorney Docket No.: 20402-00625-US

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Fee Transmittal

One Month Request for Extension of Time Under 37 CFR 1.136(a)

Amendment After Final Action (37 C.F.R. Section 1.116)

Charge \$120.00 to deposit account 22-0185

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).		Complete if Known																					
FEE TRANSMITTAL For FY 2005		Application Number	09/876,160-Conf. #8709																				
		Filing Date	June 8, 2001																				
		First Named Inventor	Masaharu Ikeda																				
		Examiner Name	C. P. Chau																				
		An Unit	2644																				
		Attorney Docket No.	20402-00625-US																				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																							
TOTAL AMOUNT OF PAYMENT		(\$)	120.00																				
METHOD OF PAYMENT (check all that apply)																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0185</u> Deposit Account Name: <u>Connolly Bove Lodge & Hutz LLP</u>																							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																							
FEE CALCULATION																							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																	
Utility	300	150	500	250	200	100																	
Design	200	100	100	50	130	65																	
Plant	200	100	300	150	160	80																	
Reissue	300	150	500	250	600	300																	
Provisional	200	100	0	0	0	0																	
2. EXCESS CLAIM FEES																							
Fee Description	Fee (\$)	Small Entity Fee (\$)																					
Each claim over 20 (including Reissues)	50	25																					
Each independent claim over 3 (including Reissues)	200	100																					
Multiple dependent claims	360	180																					
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Total Claims</td> <td style="width: 10%;">Extra Claims</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">Fee Paid (\$)</td> <td style="width: 30%;">Multiple Dependent Claims</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">Fee Paid (\$)</td> </tr> <tr> <td>_____ - 20 = _____</td> <td>x _____</td> <td>= _____</td> <td></td> <td>_____</td> <td></td> <td></td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	_____ - 20 = _____	x _____	= _____		_____					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																	
_____ - 20 = _____	x _____	= _____		_____																			
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Indep. Claims</td> <td style="width: 10%;">Extra Claims</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td>_____ - 3 = _____</td> <td>x _____</td> <td>= _____</td> <td></td> <td colspan="3"></td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				_____ - 3 = _____	x _____	= _____							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																				
_____ - 3 = _____	x _____	= _____																					
3. APPLICATION SIZE FEE																							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																							
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Total Sheets</td> <td style="width: 10%;">Extra Sheets</td> <td style="width: 20%;">Number of each additional 50 or fraction thereof</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td>_____ - 100 = _____</td> <td>/50</td> <td>_____ (round up to a whole number) x _____</td> <td></td> <td></td> <td colspan="3"></td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)				_____ - 100 = _____	/50	_____ (round up to a whole number) x _____					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____																					
4. OTHER FEE(S)																							
Non-English Specification, \$130 fee (no small entity discount)																							
Other (e.g., late filing surcharge): 125 Extension for response within first month																							
Fees Paid (\$)																							
120.00																							
SUBMITTED BY																							
Signature		Registration No. (Attorney/Agent)		24,510	Telephone		(202) 331-7111																
Name (Print/Type)		Morris Liss		Date		3/31/05																	

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